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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                  |
|--|--|------------------------|------------------|
|  |  | Application Number     | 10/057,726       |
|  |  | Filing Date            | January 24, 2002 |
|  |  | First Named Inventor   | Owens, Gary K.   |
|  |  | Art Unit               | 1636             |
|  |  | Examiner Name          | Daniel Sullivan  |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 021258-000200US  |

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**ENCLOSURES (Check all that apply)**

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| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Return Postcard  |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |
| Remarks  |   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                    |   |                 |
|--------------------|---|-----------------|
| Firm or Individual | Townsend and Townsend and Crew LLP<br>Matthew E. Hirsch | Reg. No. 47,651 |
| Signature          |   |                 |
| Date               | September 4, 2003                                       |                 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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|-----------------------|-----------------|------|-------------------|
| Typed or printed name | Joy M. Marshall |      |                   |
| Signature             |                 | Date | September 4, 2003 |

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
021258-000200US

|   |                          |
|---|--------------------------|
| In re Application of Owens et al.   |                          |
| Application Number 10/057,726 Filed January 24, 2003  |                          |
| For METHODS AND COMPOSITIONS FOR EXPRESSING POLYNUCLEOTIDES SPECIFICALLY IN SMOOTH MUSCLE CELLS IN VIVO |                          |
| Art Unit 1636   | Examiner Daniel Sullivan |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |       |
|---|-------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$    |
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record.. Registration Number
- attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 47,651.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

September 4, 2003

Date

Signature

Matthew E. Hinsch, Reg. No. 47,651

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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